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SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
08/480,908	06/07/1995	606	3772	101.0053-00000	
RULE					
APPLICANTS GARY K. MICHELSON, VENICE, CA; O.K. M. B.					
** CONTINUING DATA ***** This application is a CIP of 08/396,414 02/27/1995 PAT 6,080,155 which is a CIP of 08/074,781 06/10/1993 PAT 5,484,437 which is a CIP of 07/698,674 05/10/1991 ABN which is a DIV of 07/205,935 06/13/1988 PAT 5,015,247 and is a CIP of 08/390,131 02/17/1995 PAT 5,593,409 None M. B.					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/19/1995					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHAEL A BROWN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 4	TOTAL CLAIMS 182 97	INDEPENDENT CLAIMS 10 4
ADDRESS MARTIN & FERRARO, LLP 1557 LAKE O'PINES STREET, NE HARTVILLE, OH 44632 UNITED STATES					
TITLE THREADED FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS					
FILING FEE RECEIVED 4802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		